

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Leadership That Listens PAC

ADDRESS (number and street) ▼

P.O. Box 44084

☐ Check if different than previously reported. (ACC)

Fort Washington

MD

20749

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00456905

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

MD

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Jeremiah B Pope

Signature of Treasurer

Mr. Jeremiah B Pope

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Leadership That Listens PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2014</div></div>		<div><div></div><div>4251.41</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>11344.16</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>15250.00</div></div>	<div><div></div><div>65750.00</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>26594.16</div></div>	<div><div></div><div>70001.41</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>20280.25</div></div>	<div><div></div><div>63687.50</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>6313.91</div></div>	<div><div></div><div>6313.91</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Leadership That Listens PAC

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
10	/	01	/	2014

To:

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5250.00

42250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

5250.00

42250.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

10000.00

23500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

15250.00

65750.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

15250.00

65750.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

15250.00

65750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2530.25	7971.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2530.25	7971.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17750.00	54716.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20280.25	63687.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20280.25	63687.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15250.00	65750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15250.00	65750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2530.25	7971.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2530.25	7971.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Ms Deborah L. Guynn

Mailing Address 14302 Derby Ridge Rd

City
Bowie

State Zip Code
MD 20721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Distinctive Home Care

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.5415

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mr Craig Kaplan

Mailing Address 214 East 18th St.

City
New York

State Zip Code
NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levinson and Kaplan

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.5413

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5250.00

5250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. IBEW PAC Voluntary Fund

Mailing Address 900 Seventh St. NW

City
Washington

State Zip Code
DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11C.5412

Amount of Each Receipt this Period

5000.00

PAC Contribution

B. MACHINISTS NON PARTISAN POLITICAL LEAGUE OF THE INTERNATIONAL ASSOCIATION OF MACHINISTS &

Mailing Address 9000 MACHINISTS PLACE

City
UPPER MARLBORO

State Zip Code
MD 20772

FEC ID number of contributing
federal political committee.

C C00002469

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 08 / 2014

Transaction ID : SA11C.5411

Amount of Each Receipt this Period

5000.00

PAC Contribution

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

10000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Leadership That Listens PAC

Three digital displays showing the date 10/01/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '01' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Category/
Type

2175.00

Category/
Type

227.25

Category/
Type[illegible]

2402.25

2402.25

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 16

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. AIMEE BELGARD FOR CONGRESS

Mailing Address PO BOX 35

City WILLINGBORO State NJ Zip Code 08046

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB23.5438

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ALMA ADAMS FOR CONGRESS

Mailing Address PO BOX 20622

City GREENSBORO State NC Zip Code 27420

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 12

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB23.5461

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. APPEL FOR IOWA, INC.

Mailing Address PO BOX 702

City DES MOINES State IA Zip Code 50303

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SB23.5439

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. BERA FOR CONGRESS

Mailing Address Post Office Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 03

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5451

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRAD ASHFORD FOR CONGRESS

Mailing Address 7926 SHIRLEY CIR

City	State	Zip Code
OMAHA	NE	68124

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NE District: 02

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5428

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRENDA LAWRENCE FOR CONGRESS

Mailing Address PO BOX 3060

City	State	Zip Code
SOUTHFIELD	MI	48037

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 14

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5457

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Cain for Congress

Mailing Address P.O. Box 1523

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5433

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. CANNON FOR CONGRESS

Mailing Address PO BOX 954

City	State	Zip Code
TRAVERSE CITY	MI	49685

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5441

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ENYART FOR CONGRESS

Mailing Address PO BOX 308

City	State	Zip Code
BELLEVILLE	IL	62222

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 12

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5454

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jill Ortman-Fouse

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Mailing Address P.O. Box 712

City	State	Zip Code
Silver Spring	MD	20918

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type**Transaction ID : SB23.5423**

Amount of Each Disbursement this Period

250.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARROW

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Mailing Address PO BOX 1001

City	State	Zip Code
AUGUSTA	GA	30903

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type**Transaction ID : SB23.5452**

Amount of Each Disbursement this Period

500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District: 12

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PETE GALLEG0

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Mailing Address PO BOX 1781

City	State	Zip Code
SAN ANTONIO	TX	78296

Purpose of Disbursement
Campaign Contribution

Candidate Name

Category/
Type**Transaction ID : SB23.5455**

Amount of Each Disbursement this Period

500.00

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 23

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. GRAHAM FOR CONGRESS

Mailing Address PO BOX 310

City
TALLAHASSEEState
FLZip Code
32302Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5435

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. JAMES LEE WITT FOR CONGRESS

Mailing Address PO BOX 36

City
DARDANELLEState
ARZip Code
72834Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5447

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. MARGIE WAKEFIELD FOR CONGRESS

Mailing Address PO BOX 1191

City
LAWRENCEState
KSZip Code
66044Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5431

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. Maryland Democratic Party

Mailing Address 33 West Street, Suite 200

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SB23.5464

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MOULTON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2013

City	State	Zip Code
SALEM	MA	01970

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

Transaction ID : SB23.5425

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NICK CASEY FOR CONGRESS

Mailing Address PO BOX 1311

City	State	Zip Code
CHARLESTON	WV	25325

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5443

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. PATRICK HENRY HAYS FOR CONGRESS

Mailing Address PO BOX 94886

City	State	Zip Code
NORTH LITTLE ROCK	AR	72190

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5445

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City	State	Zip Code
DEERFIELD	IL	60015

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IL District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5449

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. SCOTT PETERS FOR CONGRESS

Mailing Address PO BOX 70980

City	State	Zip Code
WASHINGTON	DC	20024

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5456

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Leadership That Listens PAC

Full Name (Last, First, Middle Initial)

A. VIRGIN ISLANDERS FOR PLASKETT

Mailing Address PO BOX 26502

City	State	Zip Code
CHRISTIANSTED	VI	00824

Purpose of Disbursement
Campaign Contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VI District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SB23.5459

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

17750.00
